

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 24 AM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200104106682
06/08/07--01005--013 **458.75

DOCUMENT # **K97219**

1. Corporation Name

COLLIER CUSTOM CARPENTRY INC.

2. Principal Office Address - No P.O. Box #

584 CYPRESSWAY E

Suite, Apt. #, etc.

3. Mailing Office Address

584 CYPRESSWAY E

Suite, Apt. #, etc.

City & State

NAPLES FL.

Zip

34110

Country

U.S.

City & State

NAPLES FL.

Zip

34110

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/89

5. FEI Number

GS-0135101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875. Additional fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

WESLEY G DORRIS III V.P.

Street Address (P.O. Box Number is Not Acceptable)

584 CYPRESSWAY E

Suite, Apt. #, Etc.

City

NAPLES FL.

State

FL

Zip Code

34110

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **5/21/07**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	CHRISTOPHER G BROXSON	1241 SPANISH CT.	MARCO ISLAND FL. 34145
V. PRES	WESLEY G DORRIS III	584 CYPRESSWAY E	NAPLES FL 34110

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/07

Date

239-591-4635

Daytime Phone #